der to develop the muscles of the calf of the legs, Prof. Czerny directs patients to continually exercise the position of standing on the toes and to take a crouching position while the plantar surfaces of the feet are in contact with the ground. Author follows with tables of patients treated in the clinic for club-foot. The percentage of club-foot to all other surgical diseases was, during the past ten years, 0 46 %. The occurrence of congenital forms of club-foot to other forms is 78% to 81%; paralytic, 18.4%; traumatic club-foot occurs 1.4% of all cases of club-foot. In congenital double club-foot the right side was more markedly deformed in 13 cases of 23. Author cites only 3 cases of the Heidelberg clinic (137 cases) where heredity of club-foot was traced through some member of family. Among 137 cases of club-foot, the following anatomical anomalies were found: Torticollis (1), chronic hydrocephalus (1), manus valga (3), athetosis (1), simplicitis (3), double six fingers (1), umbilical hernia (1), absence of a toe, etc. (1), progressive atrophic paralysis (3).

In 3 congenital cases subsequent scoliosis developed. Though the congenital cases are put under treatment as soon as possible, most cases are not seen until after the third month, 54+%. Among 126 cases of club-foot 13 were treated after operative methods; in these cases the results would have been more satisfactory had an orthopœdic treatment been adopted.—*Deutsch Zeitsch. f. Chir.*, bd. 28 heft, 4 and 5.

HENRY KOPLIK, (New York).

IX. A Case of Rachitis Adolescentium. By C. B. KEETLEY, F.R.S.C. (London). Emily R. æt. 20 years, about eight years (?) ago noticed marked swelling of the right hip, diagnosis varying between dislocation, periostitis and tumor. Nothing was done for the case, and no improvement taking place she was brought under Mr. Keetley's care who after careful observation, diagnosed rachitis adolescentium (from the slow progress of the affection and the sudden development of a superadded scoliosis) attacking first the upper epiphysical region of the right femur, and after some years the epiphysical regions of the vertebræ. The scoliosis was not due to the apparent

shortening of the right leg, for that had existed some years without affecting the spine.

Owing to the practical difference in length of the two legs, due to the curve of the right femur, and only partially remedied by wearing a high boot, Mr. Keetley determined to use more radical measures. He accordingly removed a wedge of bone from the convexity of the prominent right femur just below the trochantors, snapped the femur in two, devided the adductor longus and straightened the limb. The after progress of the case was uneventful and the final result very satisfactory, the right heel coming down to the level of the left. A Sayre's jacket was ordered for the scoliosis. Microscopic examination of the wedge of bone removed showed the changes characteristic of rickets.—*Ll. Med. News*, Sept., 1888.

J. ANDERSON SMITH (London).

BLADDER.

I. The Suprapubic Incision of the Bladder. By DR. K. EIGENBRODT (Bonn). This article gives a resume of the methods followed in Trendelenburg's clinic in the suprapubic operation for stone and disease of the bladder. It includes an analysis also of 38 cases operated upon according to this method. Trendelenburg lays small stress upon the inflation of the rectum in order to raise the prævesical fold of peritoneum. Though by this procedure the operation is facilitated, still it is not a necessity to an experienced operator. The distension of the bladder is not carried to extremes, but it is sufficient to have a distinct dulness above the symphysis. Cases of rupture of the bladder due to forced distension are on the increase in the literature. In some cases we must be content to operate without filling the bladder. The preparatory course of treatment (Petersen, Perier) of repeated injections in contracted bladders may also be omitted. The presence of a cystitis does not demand this preparatory treatment. No benefits accrue from these proceedures. The open treatment of the wound in the bladder is the best means of obtaining asepsis.

Trendelenburg at first retained the usual median incision of the abdomen; in recent operations the advantages of the transverse incision